

**“DIABETES MANAGEMENT IN THE SCHOOL SETTING”
A Resource Guide for School Health Nurses**

Product Survey Form

Institution: _____ Phone: (____) ____-____
Address: _____

Please help us improve future offerings by evaluating this resource guide.

- 1) Does your school employ a nurse or other health professional? (*Please check one.*)
Yes ____ No ____ Don't Know/Not Sure ____

- 2) For each section listed below, please respond with: *1=Yes, 2=Partially, 3=Not at All.*

Resource Guide Section	Was the content of this section practical and understandable?	Did the content of this section cover all pertinent topic facets?	Will you be able to use this section in your professional duties?
First Steps			
Overview			
Nutrition			
Exercise			
Medications			
Glucose Management			
Emergency Action Plans			
References			
Health Management			

- 3) What aspect or component of this resource guide was most helpful to you?

- 4) What changes would you make to this resource guide?

- 5) Thinking of your needs or interests, what topics would you recommend for future additions to this guide and/or Diabetes in the School Setting professional and/or public awareness activities?

- 6) Would you recommend this resource guide to someone else? (*Please check one.*)
Yes ____ No ____ Don't Know/Not Sure ____

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